

**PRESCRIBED FORM OF APPLICATION**  
**FOR THE POST OF SPECIALIST DOCTOR UNDER NHM, ASSAM**  
(Advertisement No. NRHM/HRD/CP\_PG Doctors/1794/2013-14/10100 dtd.16/09/2014)

Photo

Applied Specialist Category: .....

Name of candidate (In Block Letters) :.....

Father's Name: .....

Address for Communication:

C/o. ....

H. No.....

Vill. /Town: .....

P.O.: .....

P.S.: .....

Dist.: .....

Landmark: .....

Pin code: .....

Phone No.: .....

E\_mail Address: .....

Date of birth : .....

**Medical Qualification:**

Sl	Qualification	Name of Medical College/ Institution	Under University	Year of Passing
1	M.B.B.S.			
2	<b>Post Graduation</b> (Tick)			
	Degree	Diploma		

AMC/ MCI Registration No.: .....

It is hereby declared that the above statements are true to the best of my knowledge and belief.

Date :

Place :

Signature of candidate